## UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT 1				, / /	
1 Date of Request: 3/7/05 2 Se	rial/P	atent	# 10/52	2/484	
Please refund the following fee(s):	4 PA NU	PER MBER	5 DATE FILED	6 AMOUNT	
Filing Fee Change				\$ 100.70	
Amendment				\$	
Extension of Time				\$	
Notice of Appeal/Appeal				\$	
Petition				\$	
Issue		•		\$	
Cert of Correction/Terminal Disc.		***		\$	
Maintenance				\$	
Assignment				\$	
Other				\$	
		7 TOTAL AMOUNT OF REFUND			
		8 TO BE REFUNDED BY:			
10 REASON:		Treasury Check			
Overpayment		Credit Deposit A/C #:			
Duplicate Payment		, [			
No Fee Due (Explanation):					
11 REFUND REQUESTED BY:				0.40	
TYPED/PRINTED NAME: KITA WHITE TITLE: SLOAL WASKIN CHA					
SIGNATURE: Reta lilute PHONE: 7/308-9/40 ex					
OFFICE: DO/EO			• • • • • • • •	231	
THIS SPACE RESERVED FOR FINANCE USE ONLY:					
APPROVED: DATE:					
				<b></b>	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

PORM PTO 1577 (01/90) Office of Finance Refund Branch Crystal Park One, Room 802B